



# WATER WELL REPORT FOR AN EXISTING WELL

**INSTRUCTIONS:** *Old* Unused (emergency) well. source 501 for mobile home park  
Use this form if an original water well report was NEVER filed or is MISSING from Ecology records.

Your well must be properly tagged prior to submitting this form. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

<b>CURRENT USE:</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input checked="" type="checkbox"/> Other (Emergency)		Unique Ecology Well ID Tag No. <u>AGA978</u>																	
<b>DIMENSIONS:</b> Diameter of well <u>6</u> inches. Depth of completed well <u>111</u> ft. if known.		Water Right? If yes, attach copy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Property Owner Name <u>Island Park Mobile Home Park</u>																	
<b>CONSTRUCTION DETAILS</b> Liner installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown TYPE: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Well Street Address <u>3290 Lodgepole Lane</u> City <u>Oak Harbor</u> County: <u>Island</u> Tax Parcel No. <u>R23319-099-2230</u>																	
<b>Perforations</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft to _____ ft.		<b>LOCATION</b> An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec <u>19</u> Twp <u>33N</u> R <u>2</u>																	
<b>Screens:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown MF's name _____ TYPE: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other Diam. _____ Slot Size _____ from _____ ft. to _____ ft.		EWM WWM Circle one																	
<b>Gravel/Filter Packed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Materials paced from _____ ft. to _____ ft.		<table border="1"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td>F</td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td><u>P</u></td><td>Q</td><td>R</td></tr> </table>		D	C	B	A	E	F	G	H	M	L	K	J	N	<u>P</u>	Q	R
D	C	B	A																
E	F	G	H																
M	L	K	J																
N	<u>P</u>	Q	R																
<b>Surface Seal:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If know, to what depth _____ ft. Materials used if known: _____ <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement		This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.																	
<b>PUMP:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No MF's Name _____ Type: _____ H.P. _____		Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg _____ Lat Min/Sec _____ Long Deg _____ Long Min/Sec _____																	
<b>WATER LEVELS:</b> Land-surface elevation above mean sea level _____ ft. Static Level _____ ft. below top of casing Date measured _____ Artesian pressure _____ lbs. per square inch Date measured _____ Well head has cap? <input type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated																	
<b>WELL TESTS:</b> Drawdown is amount water level is lowered below static level. Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <input type="checkbox"/> Unknown Yield: _____ gal/min. with _____ ft. drawdown after _____ hrs.		Additional Information, if available: <input type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																	

**CERTIFICATION:** The information reported above is true to the best of my knowledge and belief.

☐ Driller ☐ Engineer ☐ Property Owner ☒ Other

Name Vin Sherman

Signature Vin Sherman

Driller License No. \_\_\_\_\_

Date Signed 21 January 2013

Drilling Company Island County Health Department

Address of person completing this form:

PO Box 5000  
 City, State, Zip Coupeville, WA 98239